

## WILLIAMS BAY SCHOOL DISTRICT FACILITY USE APPLICATION

Organization/Individual Requesting Use				
Contact Person	Home Phone		Work Phone	
Address				
Signature		Da	ate	
School District Resident Yes	No			
What school district employee will be prese	nt?			
Is this event strictly for the students of resid	ents of WBSD?	Yes	No	
Is your organization within the boundaries of the school district? Yes			No	
Are you charging any fee/tuition for this event? Yes			No	
Is this a fundraising or revenue generating e	vent?	Yes	No	
FACILITY REQUESTED				
Elementary School 125 Theater Road Williams Bay, WI 53191	Middle/High Schoo 500 West Geneva S Williams Bay, WI 53	treet		

## SPACE/ROOM NEEDED

		Fee Per	Fee Per Hour	
Location	Requested	Resident	Non- Resident	
Baseball Field		\$10	\$75	
Classroom		\$0	\$20	
Commons/Cafeteria		\$0	\$20	
Elementary Stage		\$10	\$45	
Football Field		\$25	\$100	
Gym		\$10	\$40	
Lecture Center		\$10	\$45	
Locker Room		\$5	\$40	
Parking Lot		\$0	\$30	
Practice Field(s)		\$10	\$60	
Softball Field		\$10	\$75	
Other		TBD	TBD	

POLICY #830, EXHIBIT 1 Updated: February 12, 2018

Purpose of Use (explain fully)				
Projected Number of Attendees				
Special Equipment Requests				
Date(s) Requested and Times (Example	e: Every Tuesday & Thu	ırs from Oct thru Dec)		
· · · · · · · · · · · · · · · · · · ·		-	only unless a staff person is present. 6:30 a.m. to 3:30 p.m.	
Additional Custodian Services Reques	sted Yes	No		
<ul> <li>USER GROUP/INDIVIDUAL'S RESP</li> <li>Providing the WBSD with a certi</li> <li>Accepting financial responsibilit</li> <li>Agreeing to leave the building a</li> <li>Be advised that all groups are subject to land using district facilities. Such rules income</li> </ul>	ificate of insurance way for any vandalism on any vandalism on aneat Board Policy regardir	vith a minimum of \$ or destruction of bu c, clean and orderly ng facility use and re	uilding or grounds. manner. ules established by building principals when rese	rving
<ul> <li>User groups shall be held finance</li> <li>Intoxicating beverages and illego</li> <li>Use of tobacco products are not</li> <li>Failure to properly care for facility</li> <li>Sponsoring organization or individual</li> </ul>	al drugs are not allov t allowed on school b ities will result in der	wed on any school pouldings or on school nial of future use.	premises.	tors.
OFFICE USE				
Master Calendar Checked for Conflict	<del></del>			
The Individual/User Group agrees to	pay the following o	charges for use of	the prescribed facilities above:	
Facility fee	\$			
Staffing and/or custodial fee	\$			
Equipment use fee	\$	<del></del>		
Total	\$			
Estimated Charges	۶			
Custodian on Duty Yes	No			
Off Duty Custodian Assigned (\$25 per h	nour) Yes	No		
do agree to the financial responsibility as Furthermore, this user group understand	stated. I have read a ds that neither the W uding death or prope	and agree to abide b Villiams Bay School	er group listed above, and by signing this agreen by all WBSD policy regarding the use of these facil District and its officers, agents or its employees member of the user's group while on the groun	lities. shall
Signature			Date	
Insurance required: Yes	. No Re	quest is denied	Request is approved	
Administrator/Principal Signature			Date	

Return Agreement, Certificate of Insurance and Payment to the Williams Bay School District Office